

STATE OF MARYLAND—CERTIFICATE OF DEATH

12968

1. PLACE OF DEATH

County DorchesterVillage or City SecretaryLength of residence in city or town where death occurred 1 yrs.

93-6

Registration Dist. No. 111

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. John W Bradley

(usual place of abode)

St., Ward. St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced
HUSBAND of (or) WIFE ofElizabeth Bradley

6. DATE OF BIRTH (month, day, and year)

Sept. 26, 1852

7. AGE

Years 83Months 1Days Sept 7 1852If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Ellicott City, Md.

MOTHER FATHER

13. NAME James Bradley14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Nancy Phillips16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Edward Bradley
(Address) Secretary

18. BURIAL, CREMATION, OR REMOVAL

Place E. J. Market Date Nov 5, 193519. UNDERTAKER H. H. Hollingsby
(Address) 6 N Market20. FILED Nov 5, 1935 - H. E. Parker
T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

11
(Month)3
(Day)1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

10/18

, 1935

to 11/3, 1935I last saw him alive on 10/18, 1935; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis +
Senility with Thrombo-
Embolus & Carditis

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) G. Roger Myers M. D.(Address) 26 Hanover Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

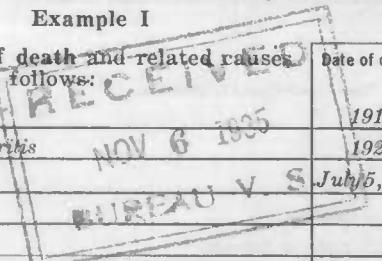
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |



Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|---------------|
| Gallstones | Date of onset |
| | May 1, 1923 |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12969

1. PLACE OF DEATH

County

Dorchester

Village or City

Cambridge

No.

Registration Dist. No. 116

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Bessie Cannon

(a) Residence: No. 7 Lumm Lane

(Usual place of abode)

St. Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

female Colored married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Lidge

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days

If LESS than
1 day, hrs.
or min.

37 8 12 1898

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

John Christo

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Mary Galbreath

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address) 7 Dennis Lane Cambridge

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge

Date Nov 21, 1935

19. UNDERTAKER

(Address) Lewis W. Bayneum

20. FILED

(Address) John Morris

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 21

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1935, to Nov. 20, 1935

I last saw her alive on Nov. 20, 1935; death is said to have occurred on the date stated above, at 5:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset
no positive diagnosis made. Had fever of undetermined origin. Typhoid etc ruled out by negative tests. Sept 1935

Other Contributory Causes of importance:

Wassermann was positive. (no response to anti-tubercular treatment)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signature) John Schneidere

(Address) Cambridge, Maryland M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | Date of onset |
|--------------------------------|--------------|---------------|
| Arteriosclerosis | E I V E D | 1915 |
| Chronic interstitial nephritis | DEC 6 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| | EDWARD V. S. | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | Date of onset |
|--|------------------------|---------------|
| | Attack of epilepsy | 1 week ago |
| | Run over by street car | 1 week ago |
| | Peritonitis | 3 days ago |
| | | |
| | | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PROMPTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12970

1. PLACE OF DEATH

County DorchesterVillage or City Madison, Dorchester County, Maryland

(13)

Registration Dist. No. 116St. WardLength of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. if of foreign birth? 0 yrs. mos. ds.2. FULL NAME Myrtle Martin Cheeseman(a) Residence: No. Madison, Dorchester County, Maryland

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Elwood Cheeseman

6. DATE OF BIRTH (month, day, and year)

Dec. 3rd 1893

7. AGE

42

Years

11

Months

16

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Horsekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (city or town)

(State or country)

MadisonMaryland

MOTHER FATHER

13. NAME Thomas E. Hall

14. BIRTHPLACE (city or town)

Madison, Maryland

(State or country)

15. MAIDEN NAME Alice Martin Burton

16. BIRTHPLACE (city or town)

Madison

(State or country)

Maryland

17. INFORMANT

(Address)

Elwood CheesemanMadison, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: E. New Market

Date

Nov. 20th1935

19. UNDERTAKER

(Address)

Mr. H. H. WilderbyE. New Market, Maryland20. FILED 11-181935Jan 20th1935

21. DATE OF DEATH

November18th1935

22.

I HEREBY CERTIFY, That I attended deceased from

October 18th 1935 to November 17th 1935I last saw deceased alive on November 17th 1935; death is said to have occurred on the date stated above, at 3:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute uraemic comaDate of onset
Nov. 17th 1935

Other Contributory Causes of importance:

Cardio-vascular- Renal Disease
High Malignant Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

Lida D. Meredith

M. D.

Cambridge, Maryland

(Signed)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I RECEIVED

The principal cause of death and related causes of importance were as follows:

DEC 6 1935

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

REIDGATE V. S.

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12971

1. PLACE OF DEATH

County DorchesterVillage or City CambridgeRegistration Dist. No. 116St. WashingtonWard 1No. 172 Washington St., St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred X yrs. 1 mos. X ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Baby Boy Colman(a) Residence: No. 172 Washington StreetSt. WashingtonWard 1

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|---------------------------------|---|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Infant</u> (write the word) |
|--------------------|---------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day, and year) 11/26/35

| | | | |
|-----------------------|---------------------|-----------------------|--|
| 7. AGE Years <u>5</u> | Months <u>month</u> | Days <u>abortion.</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------------|---------------------|-----------------------|--|

| | |
|---|--|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u> | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u> | |
| 10. Date deceased last worked at this occupation (month and year) <u>X</u> | 11. Total time (years) spent in this occupation <u>1</u> |

12. BIRTHPLACE (city or town) Cambridge, Maryland
(State or country)13. NAME Roosevelt Colman14. BIRTHPLACE (city or town) Cambridge,
(State or country) Maryland.15. MAIDEN NAME Pearl Hanice16. BIRTHPLACE (city or town) Lester Manor
(State or country) Virginia17. INFORMANT Pearl Coleman
(Address) Cambridge, Maryland.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date Dec. 2, 193519. UNDERTAKER John H. Baumum
(Address) Cambridge, Maryland.20. FILED 11/30/35 John Mow
(Signed) John Mow M. D.
(Address) Cambridge, Maryland.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November, 26th(Month) November, (Day) 26, (Year) 193522. I HEREBY CERTIFY, That I attended deceased from Not at all, 19, to Not at all, 19.I last saw him alive on Not at all, 19; death is said to have occurred on the date stated above, at 5:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

5 month abortion (cause unknown) 11/26/35

Other Contributory Causes of Importance:

Name of operation None Date of Exam. Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John Mow M. D.
(Address) Cambridge, Maryland.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | DEC 6 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

MURRAY V. S.

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| RECEIVED | | Date of onset |
|----------|--|------------------------|
| | | Attack of epilepsy |
| | | Run over by street car |
| | | Peritonitis |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12972

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

Length of residence in city or town where death occurred

2 yrs. 8 mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

Registration Dist. No. 11

No. Eastern Shore State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Dora V. Corcoran(a) Residence: No. Oxford

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

| | | |
|--------|-------------------------------|---|
| Female | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> |
|--------|-------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE ofA. B. Corcoran

6. DATE OF BIRTH (month, day, and year)

December 20th 1866

7. AGE

| | | | |
|-----------------|------------------|---------------|----------------------------------|
| Years <u>65</u> | Months <u>11</u> | Days <u>0</u> | If LESS than 1 day, hrs. or min. |
|-----------------|------------------|---------------|----------------------------------|

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home
10. Date deceased last worked at this occupation (month and year) about 6 years ago 11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town)

(State or country) Pennsylvania

13. NAME

Joseph J. Vassaray

14. BIRTHPLACE (city or town)

(State or country) Pennsylvania

15. MAIDEN NAME

Josephine Miller

16. BIRTHPLACE (city or town)

(State or country) New York

17. INFORMANT

(Address) Eastern Shore State Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Concord Md Date Nov 23, 1935

19. UNDERTAKER

(Address) Franklin & Son

20. FILED

(Address) 11/25/35 John Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November20 (Month) 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from March 16th 1935 to Nov 20th 1935. I last saw her alive on Nov 20th 1935; death is said to have occurred on the date stated above, at 5:15 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis 1928

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Charles Lapierre(Address) Cambridge Maryland

M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12973

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge

Registration Dist. No. 116

No. Cambridge Maryland Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred X yrs. X mos. X ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Dockins
Kurlock, Maryland.

(a) Residence: No.

(Usual place of abode)

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Male | colored | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November, 23rd, 35

| | | | | |
|-----------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| Abortion. | | | | |

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | None. |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| = | |

12. BIRTHPLACE (city or town)
(State or country) Cambridge, Md.

| | |
|-------------------------------|-------------------|
| 13. NAME | Marcellus Dockins |
| 14. BIRTHPLACE (city or town) | Dorchester County |
| | Maryland |

| | |
|-------------------------------|-----------------|
| 15. MAIDEN NAME | Lillian Young |
| 16. BIRTHPLACE (city or town) | Dorchester Co., |
| | Md., |

| | |
|---------------|--------------------|
| 17. INFORMANT | Lillian Dockins |
| | Kurlock, Maryland. |

| | |
|-----------------------------------|--|
| 18. BURIAL, CREMATION, OR REMOVAL | Place Cambridge, Md. Date 11/23/35, 19 |
|-----------------------------------|--|

| | |
|----------------|-------------------------------|
| 19. UNDERTAKER | Cambridge Maryland Hosp. |
| | (Address) Cambridge, Maryland |

| | |
|-----------|---------------------------|
| 20. FILED | 11/23/35 |
| | John Moore (Signature) |
| | Register |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 23, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Nov. 23rd, 1935, to Nov. 23rd, 1935.

I last saw him alive on Nov. 23rd, 1935; death is said to have occurred on the date stated above, at 9: P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

4 month abortion (cause unknown) 11/23/35

Other Contributory Causes of Importance:

Name of operation None Date of
What test confirmed diagnosis Exam. Was there an autopsy? No.23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) John Moore M. D.
(Address) Cambridge, Maryland.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | DEC 6 1925 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| BUREAU OF | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset |
|------------------------|
| Attack of epilepsy |
| Run over by street car |
| Peritonitis |
| |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12974

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

Length of residence in city or town where death occurred

97

Registration Dist. No. 116
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Eastern Shore State Hospital, Cambridge, Md.

2. FULL NAME William Edmund Elliott(a) Residence: No. Nanticoke

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> |
|--------------------|-------------------------------|---|

5e. If married, widowed, or divorced
HUSBAND of Arch Margaret WIFE of Travers

6. DATE OF BIRTH (month, day, and year) Dec. 27 - 1853

| | | | |
|------------------------|------------------|----------------|---|
| 7. AGE <u>79</u> Years | Months <u>18</u> | Deys <u>12</u> | If LESS than 1 day, <u>hrs.</u> <u>min.</u> |
|------------------------|------------------|----------------|---|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Waterman

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Nanticoke
(State or country) Maryland

13. NAME William Elliott

14. BIRTHPLACE (city or town) Elliott's Island
(State or country) Maryland

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) Nanticoke
(State or country) Maryland

17. INFORMANT Eastern Shore State Hospital
(Address) Cambridge - Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Nanticoke Date Nov. 12, 1935

19. UNDERTAKER Mr. C. Messick Louis
(Address) Cambridge - Md.

20. FILED 11 - 9, 1935 John Mac. Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 9th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29th, 1935 to Nov. 9th, 1935
I last saw him alive on Nov. 9th, 1935; death is said
to have occurred on the date stated above, et. 245 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cerebral arteriosclerosis Date of onset 1925

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Charles Lapierre M. D.(Address) Cambridge - Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|----------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | DEC 8 1935 | 1915 |
| Cerebral hemorrhage | RECEIVED V. S. | 1921 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12975

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| | | | | | |
|---|------------------------------|--|--|---|--|
| 1. PLACE OF DEATH | | Registration Dist. No. 111 | | | |
| County <u>Dorchester</u> | | St. <u>Ward</u> | | | |
| Village or City <u>East Newmarket</u> | | (near R.R. Station) | | | |
| Length of residence in city or town where death occurred <u>7 yrs.</u> | | (If death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| mos. <u>7</u> | | ds. How long in U. S. if foreign birth? <u>7 yrs.</u> | | | |
| mos. <u>7</u> | | mos. <u>7</u> | | | |
| 2. FULL NAME <u>Irene Ennels</u> (no surname as it was stillborn | | (If nonresident give city or town and State) | | | |
| (a) Residence: No. <u>Born at Railroad Street</u> | | If nonresident give city or town and State | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | |
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Col.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | MEDICAL CERTIFICATE OF DEATH | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Nov. 4, 1935</u> | | 21. DATE OF DEATH <u>Nov. 4, 1935</u> | | (Year) | |
| 7. AGE <u>0</u> Years | Months <u>0</u> | Days <u>0</u> | If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min. | I HEREBY CERTIFY. That I attended deceased from | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u> | | of birth of the child Nov. 4, 1935 | | I attended deceased from | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, etc. <u>None</u> | | did not see it alive | | in胎死 in 1935 | |
| 10. Date deceased last worked at this occupation (month and year) <u>Nov. 2</u> | | 11. Total time (years) spent in this occupation <u>None</u> | | death is said | |
| 12. BIRTHPLACE (city or town) (State or country) <u>near East Newmarket Md</u> | | to have occurred on the date stated above, at | | to have occurred on the date stated above, at | |
| 13. NAME <u>not known</u> | | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | Date of onset | |
| 14. BIRTHPLACE (city or town) (State or country) <u>not known</u> | | <u>Cause not known.</u> | | | |
| 15. MAIDEN NAME <u>Irene Ennels</u> | | <u>Child was stillborn</u> | | | |
| 16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u> | | <u>probably dead 2 weeks</u> | | | |
| 17. INFORMANT (Address) <u>Mary Ennels</u> | | <u>before birth</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>E. N. market</u> Date <u>Nov. 6, 1935</u> | | Other Contributory Causes of importance: | | | |
| 19. UNDERTAKER (Address) <u>Anthony McGrath</u> | | | | | |
| 20. FILED <u>Nov. 6, 1935 - H. E. Parker</u> | | | | | |
| Registrar. | | | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | DEC 5 1920 | 1921 |
| Cerebral hemorrhage | DEC 5 1920 | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12976

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

Length of residence in city or town where death occurred

(23)

Registration Dist. No.

116

No. Cambridge Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dancy Fassare

(a) Residence: No.

St. Ward.

WITHIN CORPORATE LIMITS OF

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE 20 Years 2 Months ? Days If LESS than
1 day, ____ hrs.
or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct 193511. Total time (years) spent in this occupation 412. BIRTHPLACE (city or town)
(State or country)13. NAME Elvira Fassare14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Elvira Jones16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Bessie Bailey
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec 1, 193519. UNDERTAKER Lewis H. Bayne
(Address) Cambridge, Md.20. FILED 11/30, 1935 Cambridge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 24

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 1, 1935, to Nov 24, 1935.I last saw her alive on Nov 23, 1935; death is said to have occurred on the date stated above, at 1 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset
Tuberculosis June
Pertoneal
Pulmonary

Other Contributory Causes of importance:

Name of operation Explantomy Date of Sept 1, 1935What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

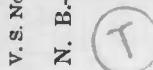
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Job(Signed) John K. Shriver

M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis | DEC 6 1935 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | July 5, 1927 |
| | | |
| | | |
| | | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| | | |
| | | |

Other contributory causes of importance:

| Other contributory causes of importance: | | |
|--|-------------|-----------------|
| Gallstones | May 1, 1928 | Gastroenteritis |
| | | |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

312977

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

Length of residence in city or town where death occurred 3 yrs. 8 mos.

(97)

Registration Dist. No. 116No. Eastern Shore State Hosp Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)mos. 26 ds. How long in U.S. if of foreign birth? years. months. days.

2. FULL NAME

(a) Residence: No. James J. Good
(Usual place of abode) Dear SalisburySt. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofUnknown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 88 Months Unknown Days Unknown If LESS than
1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Farmer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Our farm10. Date deceased last worked at
this occupation (month and
year) 192611. Total time (years)
spent in this
occupation Lifetime12. BIRTHPLACE (city or town)
(State or country)Unknown
Maryland

MOTHER FATHER

13. NAME

Unknown14. BIRTHPLACE (city or town)
(State or country)Unknown

15. MAIDEN NAME

Unknown16. BIRTHPLACE (city or town)
(State or country)Unknown17. INFORMANT Eastern Shore State Hosp Record
(Address) Cambridge

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Cem Date Nov. 26, 1935

19. UNDERTAKER

(Address) Holloway & Co.20. FILED 11-22-1935 John Mowbray

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 24th
(Month) 1935 (Year)22. I HEREBY CERTIFY. That I attended deceased from
Feb-28, 1932, to Nov 24, 1935I last saw him alive on Nov 24th, 1935; death is said
to have occurred on the date stated above, at 12:15 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral arteriosclerosis 1926

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Labere M. D.(Address) Cambridge

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | DEC 6 1925 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | | |
|--|----------|---------------|--------------|
| Arteriosclerosis | RECEIVED | Date of onset | 1915 |
| Chronic interstitial nephritis | RECEIVED | Date of onset | 1921 |
| Cerebral hemorrhage | RECEIVED | Date of onset | July 5, 1927 |
| Other contributory causes of importance: | V. S. | | |
| Gallstones | | Date of onset | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|--|---------------|------------|
| Attack of epilepsy | Date of onset | 1 week ago |
| Run over by street car | Date of onset | 1 week ago |
| Peritonitis | Date of onset | 3 days ago |
| Other contributory causes of importance: | | |
| Gastroenteritis | Date of onset | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12979

1. PLACE OF DEATH

County Dorchester
Village or City Hurlock

119

Registration Dist. No. 110

St.,

Ward

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 1 yrs. 0 mos. 0 ds.2. FULL NAME Ellie Haskins (middle) If U.S. Veteran specify WAR

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE Colored5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

May
April 17 - 1930

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.26 5 27

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
(his occupation (month and
year))11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Hurlock Md.

MOTHER FATHER

13. NAME Everett Haskins14. BIRTHPLACE (city or town)
(State or country)Hurlock Maryland15. MAIDEN NAME Nora CebusLaura Olevia16. BIRTHPLACE (city or town)
(State or country)Hurlock Md.

17. INFORMANT

(Address)

Everett Haskins
Hurlock Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington County

Date

Nov 17 - 1935

19. UNDERTAKER

(Address)

Poland Cebus
Hurlock Md.

20. FILED

Date

Nov 17, 1935 Chas W. Hastings

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov.

(Month)

14

(Day)

1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 9 - 1935 to Nov. 10 - 1935

19

I last saw h. Nov. 9 - 1935 death is said
to have occurred on the date stated above, at 5:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Enteritis

Date of onset

Other Contributory Causes of Importance:

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury Nov 17 - 1935

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

Poland Cebus

M. D.

(Signed)

Hurlock Md.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|---------------|--------------|
| Arteriosclerosis | Date of onset | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

Other contributory causes of importance:

| | | |
|------------|---------------|-------------|
| Gallstones | Date of onset | May 1, 1923 |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|------------------------|---------------|------------|
| Attack of epilepsy | Date of onset | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

| | | |
|-----------------|---------------|--------|
| Gastroenteritis | Date of onset | 1 year |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12980

1. PLACE OF DEATH

County WorcesterVillage or City Harlock

No.

Registration Dist. No. 110St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Polaris A. Harlock(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|-------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> |
|----------------------|-------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) Dec 2 1934

| | | | |
|------------------------|-----------------|---------------|--|
| 7. AGE Years <u>11</u> | Months <u>2</u> | Days <u>3</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|-----------------|---------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME William Harlock14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Viola M. Harlock16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT William Harlock
(Address) Harlock

18. BURIAL, CREMATION, OR REMOVAL

Place Harlock Date Nov 27, 193519. UNDERTAKER F.B. Willowhby(Address) Harlock20. FILED Nov 24, 1935 Chas St. DeathsRegistrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

11 24, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

11/14, 1935 to 11/24, 1935
I last saw her alive on 11/24, 1935; death is said to have occurred on the date stated above, at 11:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Illness Colitis

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. Roger Myers M. D.(Address) Harlock Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|----------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | DEC 6 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| | AMERICAN V. S. | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|-----------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| Other contributory causes of importance: | | |
| Gallstones | May 1, 1923 | Gastroenteritis |
| | | 1 year |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12981

1. PLACE OF DEATH

County RosechesterVillage or City Cambriedge HospitalRegistration Dist. No. 116St. Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Frances A. Gaynes

WITHIN CORPORATE LIMITS OF

(b) Street: No. 2 Hurlock St.Ward. 1

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFemale white Single

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years 13 Months 9 Days 2811 LESS than
1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hurlock Date Nov 22, 1955

19. UNDERTAKER

(Address)

20. FILED

11/21/55

John David
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov 20, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Nov 14, 1935, to Nov 20, 1935; death is saidI last saw her alive on Nov 20, 1935; death is said
to have occurred on the date stated above, at 11:54 A. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Typhoid fever.Date of onset 11/11/35

Other Contributory Causes of importance:

Carbuncle 7 neckDate of 11/15/35Name of operation none Data ofWhat test confirmed diagnosis? exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John David M. D.
(Address) Cambriedge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | DEC 6 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12982

1. PLACE OF DEATH

County DorchesterVillage or City Honga

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Betty Jane Simmons Lewis

(a) Residence: No.

Honga, Md.

St. Ward.

(Usual place of abode)

Registration Dist. No. 115

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 28 1935

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Honga, Md.

MOTHER FATHER

13. NAME James Simmons14. BIRTHPLACE (city or town)
(State or country)Honga, Md.15. MAIDEN NAME Mellie Lewis16. BIRTHPLACE (city or town)
(State or country)Honga, Md.17. INFORMANT Mary, Mrs. Lewis

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fishing Creek, Md. Date Mar. 30, 193519. UNDERTAKER Willard Taylor

(Address)

20. FILED Mar. 30, 1935 James M. Reid

(Signature)

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar. 29

(Day)

1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Death, without medical aid, said

I last saw him alive on

to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congenital malformation
Exstrophy of Bladder

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signature) James M. Reid Local(Address) Fishing Creek, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|---|---------------|
| Chronic interstitial nephritis | 1915 |
| Cerebral hemorrhage | 1921 |
| <i>RECEIVED</i> DEC 7 1930 MURRAY V. S. | |
| Gallstones | July 8, 1927 |
| Other contributory causes of importance: | |
| Gallstones | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|--|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 1 week ago |
| | |
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12983

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

34

Registration Dist. No. 116

St. Ward

2. FULL NAME

(a) Residence: No.

Robbins

St. Ward

WITHIN CORPORATE LIMITS OF
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Unknown - 1900
7. AGE
Years Months Days If LESS than
35 yrs. - - - 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

William Cornish

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Sarah Harris

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

Dorothy A. Mathews

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Wards Creek Dec. 3, 1933

Date: 1933

19. UNDERTAKER

Henry A. Udrey

(Address)

20. FILED 12-3 1935 - John Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 30th
(Month) 1935
(Day) 5
(Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw her alive on Dec 15th, 1935; death is said

to have occurred on the date stated above, at 745 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Tuberculosis
of lungs,
Date of onset
about 1933.Other Contributory Causes of importance
Syphilis
Gastritis
Date of onset
1933.

Name of operation Done Date of operation Done

What test confirmed diagnosis? Gastroscopy Was there an au'ope? Done

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Done Date of injury Done

Where did injury occur? Done

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Done

Nature of injury Done

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Done

(Signed) Done M. D.

(Address) Done

ARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | VED | Date of onset |
|--------------------------------|-----|---------------|
| | | 1915 |
| Chronic interstitial nephritis | | 1921 |

Cerebral hemorrhage

EC 6 1933

1915
1921
July 5, 1927

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Attack of epilepsy
Run over by street car
Peritonitis

1 week ago
3 days ago

Other contributory causes of importance:

| Gallstones | S. | Date of onset |
|------------|----|---------------|
| | | May 1, 1923 |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

Gastroenteritis
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12984

M

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge Md

(B1)

Registration Dist. No. 116

116

St. Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Charter Edward Murphy

Yugman Ave St. Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White Married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
(or) WIFE of Robert Cannon

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 75 Months 4 Days 14 If LESS than
1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 193312. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place East Cambridge Date Nov 22, 1933

19. UNDERTAKER

(Address)

20. FILED 11-22, 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov 21
(Month)
(Day)193
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

August, 1935, to Nov. 21, 1935

I last saw him alive on Nov. 20, 1935; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral apoplexy Aug 35
Generalized arterio-sclerosis 1935

Other Contributory Causes of Importance:

Chronic diffuse nephritis 7.

Name of operation none Date of noneWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Wylie M. Fair(Signed) Frank E. Albaugh M. D.(Address) Cambridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12985

1. PLACE OF DEATH

County Orchard
Village or City CambridgeRegistration Dist. No. 116

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Tisha Collins Zanale(a) Residence: No. 744 Finchville Md
(Usual place of abode)

St. Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofCharles Zanale

6. DATE OF BIRTH (month, day, end year)

1911 unknown7. AGE Years 24 Months — Days — If LESS than
1 day — hrs. — min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Housewifeat home10. Date deceased last worked at
this occupation (month and
year) Nov 193811. Total time (years)
spent in this
occupation Can't say12. BIRTHPLACE (city or town)
(State or country)Youngstown
Md13. NAME Tisha Collins14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Rosa Collins16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Coldstorage Date 11/13, 193819. UNDERTAKER
(Address)J. J. Franklin
Funeral Directors20. FILED 11/14/38, 1938 John Moore Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 11(Month) (Nov) (Day) (11)(Year) 1938

22. I HEREBY CERTIFY, That I attended deceased from

11/9, 1938, to 11/11, 1938I last saw him alive on Nov 11, 1938; death is said
to have occurred on the date stated above, at 12:15 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Rheumatic fever

Date of onset

Other Contributory Causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury noneNature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no (Signed) John Steele (Address) Cambridge MD M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|------------|---------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | DEC 6 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| BUREAU U. S. | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12986

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester
 Village or City Cambridge Md
 Length of residence in city or town where death occurred 60 yrs. No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 116

St. _____ Ward _____

2. FULL NAME Mrs. Emma Edward U.S. Veteran specify WAR

(a) Residence: No. 215 Md Ave St. _____ Ward. _____
 (Usual place of abode)

CORPORATE & LIMITS OF
 If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|------------------------|---|--------|--|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | | |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Edward | | | | |
| 6. DATE OF BIRTH (month, day, and year) Oct 16, 1865 | | | | |
| 7. AGE | Years 70 | Months 1 | Days 9 | IF LESS than 1 day, _____ hrs. or _____ min. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife | | | | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, etc. | | | | |
| 10. Date deceased last worked at this occupation (month and year) | | | | |
| 11. Total time (years) spent in this occupation | | | | |

| | | |
|---|--|----------------|
| 12. BIRTHPLACE (city or town) (State or country) | | Assateague |
| 13. NAME | | Mr. Rock |
| 14. BIRTHPLACE (city or town) (State or country) | | Dorchester Co. |
| 15. MAIDEN NAME | | Mary E. Adams |
| 16. BIRTHPLACE (city or town) (State or country) | | Dorchester Co. |

| | | |
|-----------------------------------|--|--------------------------------------|
| 17. INFORMANT | | Mrs. M. H. Leonard |
| (Address) | | Cambridge Md |
| 18. BURIAL, CREMATION, OR REMOVAL | | Place Cambridge Md Date Nov 27, 1935 |

| | | |
|----------------|--|------------------|
| 19. UNDERTAKER | | Frank E. Albaugh |
| (Address) | | Cambridge Md |

| | | |
|-----------|--|---------------------------|
| 20. FILED | | 11-26, 1935 (Date record) |
|-----------|--|---------------------------|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov 25 (Month) 1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 5 to Nov 25, 1935
 I last saw her alive on Oct 15th, 1935; death is said
 to have occurred on the date stated above, at 1:45 P.M.
 The PRINCIPAL CAUSE OF DEATH and related causes of importance
 were as follows:

Date of onset Aug 15/34
 Principal cause of death Coughing of blood

Other Contributory Causes of importance: Asthma

Name of operation None Date of operation Nov 25, 1935
 What test confirmed diagnosis None Was there an operation

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? No Date of injury Nov 25, 1935
 Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) Mrs. Lynch, Clerk
 (Address) Cambridge Md M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 15, 1927 |

BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

| | | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | DEC 6 1935 | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

RECEIVED

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12988

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Decherster

131

Registration Dist. No. 116

Village or City

Cambridge Md.

St.

Ward

Length of residence in city or town where death occurred

29 yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. Glaccum

(a) Residence: No.

40 Georgia

St. 1 Ward.

WITHIN CORPORATE LIMITS OF Camb.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Jennie Decherster

6. DATE OF BIRTH (month, day, and year)

1/19/1856

7. AGE

Years

79

Months

10

Days

2

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Farmer

Dent

11/14/35 60

12. BIRTHPLACE (city or town)
(State or country)

Lakemore Md.

MOTHER FATHER

13. NAME

Liam Glaccum

14. BIRTHPLACE (city or town)
(State or country)

Lakemore Md.

15. MAIDEN NAME

Elizabeth Bright

16. BIRTHPLACE (city or town)
(State or country)

Lakemore Md.

17. INFORMANT

Mrs. Jennie Glaccum

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cambridge Md.

Place

11/21 - 1935

19. UNDERTAKER

G. L. Campbell

(Address)

20. FILED

11/21/1935 John morey

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 19, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Nov 16, 1935, to Nov 18, 1935

I last saw him alive on Nov 18, 1935; death is said

to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Intestinal
Inflammation

Date of onset

3

Other Contributory Causes of Importance:

Urinary

11/18/35

Name of operation

none

Date of

What test confirmed diagnosis?

Exam

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John morey M. D.
(Address) Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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|--------------------------------|---------------|
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| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
|-----------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN